

Health Home Quality Reviews

Goal

To ensure that Health Homes are competent to provide the Health Home services specifically those outlined the State Plan Amendment; a random review process will be done every six months. Cases will be chosen randomly from recipients who received a core service during the quarter and for whom we have received outcomes data. Each clinic will be provided a list and will be asked to submit the electronic health record (EHR) for the time span indicated in the request. Nurses will review the EHR and answer the questions for each review.

First Review

- Review of October 2013 – December 2013 quarter
- Will be completed in July 2014 – Sample Size:
 - 1 recipient randomly pulled from each Health Home - Each clinic will receive their one name after the meeting on July 2, 2014. This email will come securely from Joseph Wieseler.
 - **By July 16, 2014**, electronic health records for the time period should be printed sent securely via email to Joseph Wieseler at the following email Joseph.Wieseler@state.sd.us or fax it to Joseph at (605) 773-5246. Clinics can respond using the secure email sent by Joseph or send using their own secure email.
 - Sample universe limited to recipients who received a core service during the quarter and for whom we have received outcomes data
- To assess:
 - Is there a care plan?
 - Is there evidence of a core service in the EHR?
 - Does the core service tie to the care plan?
- Review will validate:
 - A care plan is in place for each recipient and is being utilized (corresponds with submission of outcomes measure #58).
 - Core Services are being provided and they tie to the care plans (corresponds with Quarterly Core Service Report).
 - Electronic Health Record is being utilized (corresponds with submission of outcomes measure #65).
- Potential Remediation:
 - Additional technical assistance and education provided to the Health Home.
 - Request additional documentation or evidence.
 - Increased sample in problematic Health Homes.
 - Recoupment of per member per month if no evidence of core service provision is identified.